

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0

Dr. Wells

02974

322

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Hour
 Hospital, institution, or street address where death occurred:
Cor. of Foundry & Church Sts.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1691 Virginia Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Jeremiah Alonzo Andrews

3. (b) Social Security Number

220 - 09 - 7980

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mollie6. (c) If alive, give age 70 yearsT. Birth date of deceased (mo., day, yr.) July 15 18698. AGE: Years Months Days If less than one day
76 8 11 hrs. min:9. Birthplace Wilson Wash. Co. Md.
(Town, county, and state)10. Usual occupation Porter11. Industry or business Rands CateRate Drug Store12. Name Jeremiah Andrews13. Birthplace Chambersburg Pa.14. Maiden name Mary Johnson15. Birthplace Wilson Md.16. Informant Mrs Mollie AndrewsAddress Hagerstown Md.17. Burial Date thereof 3/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 27 1946 Charles Bowes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 19 46, at 8:05 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

DURATION

Due to Acute coronary
Occlusion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DEPUTY MEDICAL EXAM.

23. SIGNATURE S. Robert Wells WASH. CO. MD.Address Hagerstown, Md. Date signed 3/26/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN LEADER

WAS CONTENT

RECEIVED

MAR 29 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1762

CERTIFICATE OF DEATH

Dr. J. H. Kneisly
08127

313

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Months

Hospital, institution, or street address where death occurred:

Hillcrest Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 433 West Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs Florence Winter Ankney

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Alfred

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jany. 23 1867

8. AGE:

Years

Months

Days

If less than one day

79121

hrs.

min.

9. Birthplace

Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

FATHER

12. Name

William Winter

13. Birthplace

Hagerstown Md.

MOTHER

14. Maiden name

Eliz. Summer

15. Birthplace

Hagerstown Md.

16. Informant

Miss E. May Winter

Address

Chevy Chase Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof 3/22/46
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

March 22 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1946 at 10:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 13, 1945 1945 to Mar. 20, 1946and that I last saw h. or alive on March 18, 1946 1946

Immediate cause of death

Chronic myocarditis with congestive failure

DURATION

3 yrs.

Due to

Fracture of femur due toDue to accidental fall, in her home

Other conditions

Recent fracture of femursummer of 1945.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) in her homeMode of injury Accidental fall

Injured at work?

23. SIGNATURE

B. B. Kneisly M.D.

M. D. or other?

Address 148 W. Washington St. Date signed 3/21/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 25 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462 ↓

CERTIFICATE OF DEATH

02975

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
City or town Clearspring, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Three Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Oliver Beard

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 1 1881 6. (c) If alive, give age years

8. AGE: Years 64 Months 6 Days 14 If less than one day hrs. min.

9. Birthplace Washington County
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Samuel Beard

13. Birthplace Washington County

14. Maiden name Maria Smith

15. Birthplace Washington County

16. Informant Miss. Bessie Hart

Address Clearspring, Md. Rural

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof March 17 1946
(month) (day) (year)

Cemetery or crematory Stone Bridge Cemetery

Location Washington Co. Near Hancock

18. Funeral director Snyder - Rowland

Address Clearspring, Md.

19. March 17 1946 (Date rec'd by registrar) Joy W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1946 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1946 to Mar 14 1946 and that I last saw him alive on Mar 13, 1946

Immediate cause of death

Carcinoma of Rectum 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE David R. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 3/15/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 26 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

02976 301
Reg. Diat. No.

1. PLACE OF DEATH:

County Washington CountyCity or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
25 E. Artizan St. Williamsport, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 25 S. Artizan St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

Charles Ira Betts

3.(b) Social Security Number

216-07-1166

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	

6.(b) Name of husband or wife Lucretia Betts6.(c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) Nov. 21 1880

8. AGE:	Years	Months	Days	If less than one day
<u>65</u>	<u>4</u>	<u>5</u>	<u>hrs.</u>	<u>min.</u>

9. Birthplace Security Md.
(Town, county, and state)10. Usual occupation Hagerstown Rubber Co.11. Industry or business Hagerstown Rubber Co.12. Name Jacob Franklin Betts13. Birthplace Near Hagerstown Md.14. Maiden name Amanda Howard15. Birthplace Maryland16. Informant Mrs. Lucretia Betts (wife)Address 25 Artizan St. Williamsport, Md.17. Burial Date thereof March 29 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview CemeteryWilliamsport, Md.Location Edith V. Leaf18. Funeral director #7 Church St. Williamsport, Md.Address 3/29 46 Mrs E L McElroy19. (Date rec'd by registrar) 3/29 46 Registrar Mrs E L McElroy

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26/46 19 7 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/26/46 19 3/26/46 19
and that I last saw him alive on 3/26/46 19Immediate cause of death Coronary Thrombosis

DURATION

4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury - Injured at work?

23. SIGNATURE E. P. Young M. D. or otherAddress Williamsport Md Date signed 3/27/46

RECEIVED

APR 2 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1152

CERTIFICATE OF DEATH

Reg. Dist. No. 0297302

1. PLACE OF DEATH: County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: <u>Washington Co. Hospital</u> How long in hospital or institution?..... <u>1 day</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Breathedsaville</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Michael A. Boschert</u>				3. (b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>		MEDICAL CERTIFICATION	
8. (b) Name of husband or wife				20. DATE OF DEATH <u>Mar 19</u> 19 <u>46</u> at <u>4¹⁰</u> <u>A</u> <u>M</u>			
7. Birth date of deceased (mo., day, yr.) <u>July 20, 1940</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Mar 18</u> 19 <u>46</u> to <u>Mar 19</u> 19 <u>46</u> and that I last saw him alive on <u>Mar 19</u> 19 <u>46</u>			
8. AGE: Years <u>5</u> Months <u>7</u> Days <u>127</u> If less than one day..... hrs. min.		8. (c) If alive, give age years		Immediate cause of death <u>Shock - secondary to operation for Post Foursellectomy bleeding</u>			
9. Birthplace <u>Hagerstown, Washington Co. Md</u> (Town, county, and state)				DURATION <u>8 hrs</u>			
10. Usual occupation <u>None</u>				Due to <u>loss of blood and anesthesia</u>			
11. Industry or business				Due to			
12. Name <u>John A. Boschert</u>				Other conditions			
13. Birthplace <u>Baltimore, Maryland</u>				(Include pregnancy within 3 months of death)			
14. Maiden name <u>S. Beryle Smith</u>				Major findings of operations			
15. Birthplace <u>Edinburgh, Ind.</u>				Date of op.			
16. Informant <u>John A. Boschert</u> Address..... <u>Breathedsaville, Md</u>				Autopsy results			
17. Burial <u>3-21-46</u> (Burial, cremation, or removal. Which?)..... Date thereof..... (month) (day) (year) Cemetery or crematory..... <u>Rose Hill Cemetery</u> Location..... <u>Hagerstown, Maryland</u> Funeral director..... <u>C. M. Suter & Sons</u> Address..... <u>Hagerstown, Maryland</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
18. (Date rec'd by registrar) <u>Mar. 20, 1946</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			
19. Registrar <u>Robert P. Conrad, M.D.</u> Address..... <u>Hagerstown, Md</u>				23. SIGNATURE <u>Robert P. Conrad, M.D.</u> M. D. or other..... Date signed..... <u>3-20-46</u>			

RECEIVED
MAR 22 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7321

CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 Years
 Hospital, institution, or street address where death occurred:
2014 Virginia Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2014 Virginia Ave.
 (If rural, give LOCATION)
 2.(a) if veteran, name war None

3. (a) FULL NAME

Mrs Bessie Margaret Bower

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow6. (b) Name of husband or wife John N.

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 4 1871

8. AGE:	Years	Months	Days	It less than one day
	<u>74</u>	<u>8</u>	<u>3</u>	_____ hrs. _____ min.

9. Birthplace St. James Wash. Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Isaac Rowland13. Birthplace St. James Md.14. Maiden name Ellen Monegan15. Birthplace St. James Md.16. Informant Isaac H. DiebertAddress Hagerstown Md.17. Burial Date thereof 3/9/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 8 1946 Bessie Bower
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A. 1

20. DATE OF DEATH March 7 19 46 at 12:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 3-46 to Mar 7-46
 and that I last saw him alive on Mar 6-46 19 46
 Immediate cause of death _____

DURATION

Ch. Myocarditis 4 wks
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Ditto M. D. or other _____Address Hagerstown Md. Date signed 3/8/46

RECEIVED

MAR 11 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: County <u>Washington County</u> City or town <u>Williamsport, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>1 year</u> Hospital, institution, or street address where death occurred: <u>RFD #1 Williamsport, Md.</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Williamsport, Md. RFD #1</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Williamsport, Md. RFD #1</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>Mary Elizabeth Bowers</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Joseph Bowers</u> <u>deceased</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>Oct. 25, 1865</u>				8. AGE: Years <u>80</u> Months <u>04</u> Days <u>18</u> If less than one day hrs. min.			
9. Birthplace <u>Clearspring Md</u> (Town, county, and state)				10. Usual occupation <u>Housewife</u> <u>Home</u>			
11. Industry or business				12. Name <u>Joseph Bowers</u>			
13. Birthplace <u>Clearspring Md</u>				14. Maiden name <u>Mary Kinsel</u>			
15. Birthplace <u>Clearspring Md</u>				16. Informant <u>Mr. John Bowers</u> Address <u>Williamsport Md RFD #1</u>			
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>March 16 1946</u> (month) (day) (year) Cemetery or crematory <u>Blairs Valley Cemetery</u> Location <u>Clearspring Md. RFD</u>				18. Funeral director <u>Edith V. Leaf</u> Address <u>#7 Church St. Williamsport, Md</u> <u>March 16 46</u> <u>Mrs E L McEhoy</u> (Date rec'd by registrar) Registrar			
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>Mar 13, 1946</u> at <u>10 P.</u> M							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan 15, 1946</u> to <u>Mar 13, 1946</u> and that I last saw him alive on <u>Mar 13, 1946</u>							
Immediate cause of death <u>Coronary Thrombosis</u>						DURATION <u>3 days</u>	
Due to <u>Myocardial Sclerosis</u>						<u>10 yrs</u>	
Due to <u>Arterio Sclerosis</u>						<u>10 yrs</u>	
Other conditions							
(Include pregnancy within 8 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide. Date of							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE <u>David R. Brewer M.D.</u> <u>Mrs E L McEhoy</u> Address <u>Clear Spring Md</u> M. D. or other Date signed <u>3/14/46</u>							

RECEIVED

MAR 19 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 302

02980

306

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
130 E. Antietam Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 130 E. Antietam Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hugh Preston Bowman

3. (b) Social Security Number

214-09-0304

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Mary E. Bowman

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Jan. 2, 1880

8. AGE:

Years

66

Months

2

Days

14

If less than one day

hrs.

min.

9. Birthplace Toms Brook, Shenandoah, Va.
(Town, county, and state)10. Usual occupation Factory Employee

11. Industry or business

12. Name John W. Bowman13. Birthplace Shenandoah Co., Va.14. Maiden name Mary C. Wright15. Birthplace Shenandoah Co., Va.16. Informant Mrs. Mary E. BowmanAddress 130 E. Antietam St. - Hagerstown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 19-46
(month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.

19. March 19, 1946 Chas H. Bevers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1946 4:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1946 to Mar. 16, 1946
 and that I last saw him alive on March 16, 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

Arteriosclerosis & Hypertension
(Include pregnancy within 3 months of death)Major findings of operations No operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ra Bee
 Address Hagerstown, Md. Date signed 3/18/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (26)

CERTIFICATE OF DEATH

Reg. Dist. No. 02981 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

27 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 952 Mulberry Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Allan Brown

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Greta C. Brown6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.)

June 12, 1877

8. AGE:

Years

68

Months

9

Days

5

If less than one day

hrs. min.

9. Birthplace

Greencastle, Pa.

(Town, county, and state)

10. Usual occupation

Physician

11. Industry or business

FATHER

12. Name

Oliver Brown

13. Birthplace

Path Valley, Pa.

MOTHER

14. Maiden name

Isabelle Hudson

15. Birthplace

Path Valley, Pa.

16. Informant

Mrs. William A. Brown

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof 3-25-46

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

March 25, 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar. 23,1946

at

9 A.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 21,1946to Mar 23,1946

and that I last saw him alive on

Mar 21,1946

Immediate cause of death

Acute cholecystitis

DURATION

5 days

Due to

Chr. Cholelithiasisyears

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. S. StaufferM.D.

Address

Hagerstown,Mar 23, 1946

M. D. or other

Date signed Ind.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

03128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Staggs town
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Boonsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. San Mar Home
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Howe Brubaker

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife John Brubaker
 7. Birth date of deceased (mo., day, yr.) April 20 - 1857 8. (c) If alive, give age 88 years
 8. AGE: Years 88 Months 10 Days 11 If less than one day hrs. min.

9. Birthplace Mifflin County, Penna.
 (Town, county, and state)

10. Usual occupation School teacher

11. Industry or business Missionary

12. Name William Howe

13. Birthplace Penns.

14. Maiden name Sarah Mohler

15. Birthplace Penns.

16. Informant Wm. Kusey

Address New Windsor, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Mar 3 - 1946
 (month) (day) (year)

Cemetery or crematory Mountland Brethren Ch.

Location Mifflin County, Penna.

18. Funeral director W. H. Hartwig & Sons

Address Union Bridge & New Windsor, Md.

19. Date rec'd by registrar Mar 2 1946 Registrar Enai G. Brubaker

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 46 at 2:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 19 46 to March 1 19 46
 and that I last saw him alive on March 1 19 46

Immediate cause of death Chronic myocarditis DURATION 5 yrs.

Due to Fracture of left femur 2 wks.

Due to Accidental fall fall in hall while

Due to everyone else was at dinner 2:40

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of February 12th, 1946

Where did injury occur? Johnston Memorial Home, Boonsboro, Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury accidental fall Injured at work?

23. SIGNATURE G. W. LeVan M. D. or other

Address Boonsboro Date signed 3/1/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1946
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-D)

CERTIFICATE OF DEATH

Reg. Dist. No. 02982 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
145 King St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 145 King St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lillie S. Buck

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife.....

Jacob M. Buck

7. Birth date of deceased (mo., day, yr.)

July 27, 1863

6.(c) If alive, give age..... years

8. AGE:

Years

82

Months

7

Days

10

If less than one day

.....hrs.min.

9. Birthplace.....

Rhodesville Wash. Md.

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business.....

None

MOTHER FATHER

12. Name.....

Andrew Smith

13. Birthplace.....

Rhodesville Md.

14. Maiden name.....

Francis Potter

15. Birthplace.....

Rhodesville Md.

16. Informant.....

Mrs. J. Gehr Newcomer

Address.....

Hagerstown Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

March 9, 1946

(month) (day) (year)

Cemetery or crematory.....

Rhodesville

Location.....

Rhodesville Md.

18. Funeral director.....

Scott F. Minnich & Son

Address.....

Hagerstown Md.

19.

March 9 46

(Date rec'd by registrar)

19Thos H Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 7 46 at 3:45a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 18 1923 to March 7 46
and that I last saw him alive on March 6 46

Immediate cause of death.....

acute congestive heart failure

DURATION

2 days

Due to.....

arterio and valvular insufficiency12-18-23

Due to.....

arteriosclerosis1933

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

W. Howard George

M. D. or other

Address.....

Regina Maria

Date signed.....

3-

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 12 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02983

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. March 7

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

19. 46

at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1

19. 45

to

March 7

19. 46

and that I last saw him alive on

March 7

19. 46

Immediate cause of death

Carotid artery laceration

commonly located, right

with moderate to

pulmonary

Disease

Due to

Other conditions

Note: The medical and history

about 2 years ago.

(Include pregnancy within months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

DURATION

1 24

3 1/2

2 1/2

2 1/2

2 1/2

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MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 9 1946
BUREAU U.S.

[Faint, mostly illegible handwritten notes and signatures in the left margin, including what appears to be "12-1-46" and "12-1-46"]

[Faint, mostly illegible handwritten notes and signatures at the bottom left, including what appears to be "12-1-46" and "12-1-46"]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-P) ✓

CERTIFICATE OF DEATH

Dr. Bell

02984

301

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

38 Avalon Ave

How long in hospital or institution?

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 38 Avalon Ave
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

Mrs. Effie Summers Byrum

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Charles

6.(c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.)

September 16 1873

8. AGE:

Years

73

Months

5

Days

28

If less than one day

hrs.

min.

9. Birthplace Myersville Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own HomeFATHER
MOTHER

12. Name

Jacob Summers

13. Birthplace

Myersville Md.

14. Maiden name

Mary E. Hoover

15. Birthplace

Myersville Md.

16. Informant

Elmer C. Byrum

Address

Hagerstown Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

3/16/46

(month) (day) (year)

Cemetery or crematory

Christian Cemetery

Location

Beaver Creek Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

(Date rec'd by registrar)

March 16 19 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1946 19 46, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 18, 19 46 to Mar 14 19 46and that I last saw him alive on March 5, 19 46

Immediate cause of death

DURATION

Carcinoma of liver2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 3/15/46

RECEIVED
MAR 20 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

Reg. Dist. No. 02985 302

1. PLACE OF DEATH: Washington
 County Lagerstown
 City or town Lagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 3 yrs.
 Hospital, institution, or street address where death occurred:
51 Harmon Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Lagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 51 Harmon Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Fannie Carter

3. (b) Social Security Number

4. Sex Female 5. Color or race negro 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife William H. Carter
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) June 15, 1889

8. AGE: Years 56 Months 9 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Martinsburg W. Va.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Sabracel Silberman

13. Birthplace Virginia

14. Maiden name Caroline Silberman

15. Birthplace Virginia

16. Informant William H. Carter

Address 51 Harmon Ave.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 4/4/46
 (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Lagerstown, Md.

18. Funeral director William H. Brown

Address 291 Frederick St. Hagerstown
 19. April 4 19 46 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1946 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1946 to April 3 1946

and that I last saw h. ee alive on _____ 1946

Immediate cause of death Chronic myocarditis

Due to Chronic Myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. B. B. Bowers M. D. or other _____

Address Hagerstown, Md. Date signed 4/4/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1946
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-29

CERTIFICATE OF DEATH

02386

★ Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long to above place of death?
Hospital, institution, or street address where death occurred:
Hillcrest Convalescent Home
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 457 W. Antietam St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Elmer E. Colliflower

3. (b) Social Security Number

217-09-9940

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Annie E. Colliflower
(Deceased) 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 18, 1864

8. AGE: Years 81 Months 3 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Fireman

11. Industry or business Hagerstown Shoe & Legging Co.

FATHER 12. Name John T. Colliflower

13. Birthplace Frederick Co., Maryland

MOTHER 14. Maiden name Mary Hesser

15. Birthplace Frederick Co., Maryland

16. Informant Edith M. Colliflower
Address Hagerstown, Md.

17. Burial Date thereof Mar. 24, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director L. F. Reecher

Address Funkstown, Md.

19. March 23 19 46 Shasth Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1946, at 12:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 Mar 1946, to 22 Mar 1946
and that I last saw him alive on 22 Mar 1946

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)
Major findings of operations None

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Lusby M. D. or other

Address 230 N. Potomac St. Date signed 23 Mar 46
Hagerstown, Md.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. RACE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. DATE OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF DECEASED

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121. SIGNATURE OF DECEASED

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123. SIGNATURE OF DECEASED

124. SIGNATURE OF DECEASED

125. SIGNATURE OF DECEASED

126. SIGNATURE OF DECEASED

RECEIVED
MAR 26 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

Dr. Layman

CERTIFICATE OF DEATH

02987
★ Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Days

Hospital, institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 131E Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Pry Arlington Cost

3. (b) Social Security Number

214 - 14 - 6419

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Beatrice6. (c) If alive, give age 56 years7. Birth date of deceased (mo., day, yr.) May 31 1859

8. AGE: Years Months Days If less than one day

86522

.....hrs.min.

9. Birthplace Keedysville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Tailor11. Industry or business C.H. Eyerly Dept. Store12. Name John Cost13. Birthplace Keedysville Md.14. Maiden name Sarah Boone15. Birthplace Boonsboro Md.16. Informant Mrs Beatrice CostAddress Hagerstown Md.17. Burial Date thereof 3/27/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory MausoleumLocation Boonsboro Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 27 1946 Registrar Chas H Bowers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1946, at 6 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1946 to 23 March 1946 and that I last saw him alive on 22 March 1946

Immediate cause of death

Cerebral sclerosisDue to Cerebral sclerosis

Due to

Other conditions Prostatic hypertrophy with acute retention 3 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Layman, M.D. M. D. or otherAddress 100 Professional Bldg. Hagerstown Date signed 26 March 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1946
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02988-302
Reg. Dist. No.

1. PLACE OF DEATH:

County WashingtonCity or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 dayHospital, institution, or street address where death occurred:
Wash. Co. HospitalHow long in hospital or institution? 4 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. S. Main St.
(If rural, give LOCATION)2. (a) If veteran, name war none

3. (a) FULL NAME

Annie May Cronise

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife E. E. Cronise

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 28 - 18768. AGE: Years 69 Months 8 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Coont Grove Wash. Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name John Smith13. Birthplace Wash. Co. Md.14. Maiden name Susan Poffenbeger15. Birthplace Wash. Co. Md.16. Informant E. E. CroniseAddress Boonsboro Md.17. Burial Date thereof March 24, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Boonsboro CemeteryLocation Boonsboro Md.18. Funeral director Wm J. Bost & SonsAddress Boonsboro Md.19. Mar. 24 46 E. E. Cronise
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 - 1946 at 9:20 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1945 to March 21 1946
and that I last saw her alive on March 20 1946

Immediate cause of death

DURATION

Carcinoma of pancreas

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 3/22/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

CERTIFICATE OF DEATH

02989

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 400 Mc Dowell Ave.
 (If rural, give LOCATION)
 No

3. (a) FULL NAME

HARRY DANIEL CRUM

3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Jennie Elizabeth
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept 1, 1889.
 8. AGE: Years 56 Months 6 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Upton, Penna.
 (Town, county, and state)
 10. Usual occupation Barber

11. Industry or business

12. Name George Crum
 13. Birthplace Washington County, Md.
 14. Maiden name Minnie E. Lydia
 15. Birthplace Washington County, Md.
 16. Informant Raymond Crum
 Address Hagerstown

17. Burial Date thereof Mar 11, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill
 Location Hagerstown
 18. Funeral director Fred W. Kraiss.
 Address Hagerstown

19. Mar 10, 46 Clark Howard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 3¹⁰P.M.20. DATE OF DEATH March 7th 19 46, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7, 1946 to March 7, 1946
 and that I last saw him alive on March 7, 1946

Immediate cause of death Coronary Thrombosis
Arterio Sclerosis

Due to _____
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clark Howard M.D.Address Hagerstown, Md Date signed 3/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02990 303

1. PLACE OF DEATH: County <u>Washington</u> City or town <u>Clearspring</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>10 Years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Clearspring</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>David Cutshaw</u>				3. (b) Social Security Number <u>NONE</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>		MEDICAL CERTIFICATION	
6. (b) Name of husband or wife				20. DATE OF DEATH <u>Mar 4</u> 19 <u>46</u> at <u>6:30 P.</u> M.			
7. Birth date of deceased (mo., day, yr.) <u>Feb. 4 1863</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Feb 20</u> 19 <u>46</u> to <u>Mar 4</u> 19 <u>46</u> and that I last saw him alive on <u>Mar 3</u> 19 <u>46</u>			
8. AGE: Years <u>83</u> Months <u>1</u> Days <u>0</u> If less than one day hrs. min.		8. (c) If alive, give age years		Immediate cause of death <u>Acute exacerbation of a Chronic Endocarditis 6 mo.</u>			
9. Birthplace <u>Pennsylvania</u> (Town, county, and state)				Due to <u>Arterio Sclerosis</u>			
10. Usual occupation <u>Day Laborer</u>				Due to			
11. Industry or business				Other conditions			
12. Name <u>David Cutshaw</u>				(Incide pregnancy within 8 months of death)			
13. Birthplace <u>Pennsylvania</u>				Major findings of operations			
14. Maiden name <u>Not Known</u>				Date of op.			
15. Birthplace <u>Not Known</u>				Autopsy results			
16. Informant <u>Ann Cutshaw</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address <u>Clearspring Md.</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial <u>Mar. 7 1946</u> (Burial, cremation, or removal, Which?) (month) (day) (year)				Accident, suicide, or homicide Date of			
Cemetery or crematory <u>Blairsvalley</u>				Where did injury occur? (City or town) (County) (State)			
Location <u>Blairsvalley Md.</u>				Injured at home, farm, industry, public place (where?)			
18. Funeral director <u>Snyder-Rowland</u>				Means of Injury Injured at work?			
Address <u>Clearspring, Md.</u>				23. SIGNATURE <u>David G. Brewer M.D.</u> M. D. or other			
Date rec'd by registrar <u>March 7 1946</u> <u>Joseph M. Munday</u> Registrar				Address <u>Clear Spring Md.</u> <u>3/5/46</u> Date signed			

RECEIVED
MAR 9 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto

CERTIFICATE OF DEATH

02991
Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 Years
 Hospital, institution, or street address where death occurred:
2313 Virginia Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2313 Virginia Ave
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

James Lewis Daugherty

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Laura6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.)

August 17 1866

8. AGE:

Years

Months

Days

If less than one day

7970

hrs.

min.

9. Birthplace

St James Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

FATHER

12. Name

William Daugherty

13. Birthplace

Richmond Va.

MOTHER

14. Maiden name

Susan Traver

15. Birthplace

Williamsport Md.

16. Informant

Mrs Laura Daugherty

Address

Hagerstown Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/19/46
(month) (day) (year)

Cemetery or crematory

St. Pauls Cemetery

Location

Near Clearspring Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Mar. 18, 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 46 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 6 - 46 to Mar 17 46
and that I last saw him alive on Feb 10 - 46 19 46

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 months

Due to

Due to

Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 3/19/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

304

RECEIVED
MAR 20 1946
BUREAU V.E.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore 47C

02993

CERTIFICATE OF DEATH

Reg. Dist. No. 302

FILM No. I O 1 MAR 26 1946

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 22 East Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lizzie Thomas Davies

3. (b) Social Security Number

NONE

4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Edwin Davies

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1876 6. (c) If alive, give age 69 years

8. AGE: Years 69 Months 68 Days 15 If less than one day hrs. min.

9. Birthplace Jefferson, N. Carolina
(Town, county, and state)

10. Usual occupation Saleslady

11. Industry or business

12. Name Wilbur Thomas
13. Birthplace N. Carolina

14. Maiden name Julia Gavey
15. Birthplace N. Carolina

16. Informant Mrs W.T. Thomas
Address Long Island, New York

17. Removal Removal Date thereof Mar. 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lenoir Baptist cemetery

Location Lenoir, N. Carolina

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. March 16 1946 Blasf. Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1946 19 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 24 1946 to March 14 1946
and that I last saw him alive on March 14 1946

Immediate cause of death Carcinoma - Bronchus -
Left lower lobe

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Carcinoma, Bronchus Left lower lobe
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Blasf. Powers M. D. or other

Address 1574 W. Washington St. Date signed 3/15/46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

CERTIFICATE OF DEATH

Dr. Wells

02992

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Enroute to Hospital - Liberty St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 342 Liberty St.
 (If rural, give LOCATION)

2.(a) If veteran, name war World War # 2

3. (a) FULL NAME

James Leonard Davis

3. (b) Social Security Number

220-18-2514

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife

6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.) September 9 19018. AGE: Years Months Days If less than one day
44 6 0 hrs. min.9. Birthplace Hagerstown Wash. Co. Md.
(Town, county, and state)10. Usual occupation Plasterer

11. Industry or business

12. Name Amos E. Davis13. Birthplace Hagerstown Md.14. Maiden name Susie Cramer15. Birthplace Hagerstown Md.16. Informant Amos E. DavisAddress Hagerstown Md.17. Burial Date thereof 3/12/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 12 19 46 Blasf Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1946 19 at 11:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death

DURATION

Cerebral hemorrhage
(traumatic) 25 min

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of March 9/46
 Where did injury occur? Hagerstown Wash. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Liberty St.Means of injury knife + fall Injured at work? no23. SIGNATURE Robert T. Wells WASH. CO., MD.Address Hagerstown, Md. Date signed 3/12/46

RECEIVED
MAR 14 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02994 24

★ Reg. Dist. No. 306

1. PLACE OF DEATH:

County WashingtonCity or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

N. Main St.How long in hospital or institution? 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. N. Main St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Virgie Clara Detrow

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

J. W. Detrow6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

Nov. 22. 1874

8. AGE:

Years

Months

Days

If less than one day

71319hrs. min.

9. Birthplace

Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

MOTHER

FATHER

12. Name

Nathan Eccard

13. Birthplace

Fred. Co. Md.

14. Maiden name

Charlotte Esaver

15. Birthplace

Fred. Co. Md.

16. Informant

J. W. Detrow

Address

Smithsburg Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

March 13. 1946
(month) (day) (year)

Cemetery or crematory

Beaver Creek Cemetery

Location

Beaver Creek Md.

18. Funeral director

Wm. D. Bast & Sons

Address

Boonsbury Md.

19. Mar 11 1946

(Date rec'd by registrar)

Geo. W. Ferguson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 1946 at 5:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 4 1946 to Mar 11 1946and that I last saw him alive on Mar 11 1946

Immediate cause of death

4 weeks of Thyroid disease 2 days

DURATION

Due to

Arterio Sclerosis 6 yrs

Due to

L

Other conditions

—

(Include pregnancy within 3 months of death)

Major findings of operations

—

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. G. K. O. L.

M. D. or other

Address Smithsburg Md. Date signed 3/11/46

RECEIVED
MAR 25 1946
BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

02995

302

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

215 West Washington St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 214 West Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John F. Ditto

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1866

8. AGE: Years 79 Months 8 Days 11 If less than one day hrs. min.

9. Birthplace St. Paul- Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Abraham K. Ditto
13. Birthplace Washington Co. Md.

14. Maiden name Anna S. Strite
15. Birthplace Washington Co. Md.

16. Informant E. W. Ditto
Address Hagerstown, Md.

17. Burial Date thereof March 25, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery
Location St. Paul Dist.

18. Funeral director Fred. W. Kraiss
Address Hagerstown, Md.

19. March 25, 1946 Registrar Charles H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 - 46 19 46 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 - 46 19 46 and that I last saw him alive on Mar 22 - 46 19 46

Immediate cause of death

Ch. Myocarditis
cardiac rupture

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown, Md. Date signed 3/24/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15722

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington
 City or town Rural - Knoxville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? app. 4 hrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural - Knoxville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Henry Fisher, Jr.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male black Infant

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 13, 1946 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Knoxville, Tenn. Co. Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name James Henry Fisher
 13. Birthplace Washington Co. Md.
 14. Maiden name Edna R. Grumford
 15. Birthplace Elkins, W. Va.

16. Informant James Henry Fisher
 Address Knoxville R.D., Md.

17. Burial Date thereof Mar 14 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hermitage Cemetery, Col.
 Location Garroll's Mill, Clark Co. Md.

18. Funeral director James S. Lee
 Address 320 W. Pol. St. Brunswick Md.

19. Mar 14 46 Caroline St. Castle
 (Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 46 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 19 46 to March 13 19 46
 and that I last saw him alive on Mar 13 19 46

Immediate cause of death _____

DURATION

Congenital Heart

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____

Address _____ Date signed 3/15/46

RECEIVED

MAR 18 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... 2 Dunkstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred
West Side Avenue
at Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Dunkstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Side Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Ada May Forrest

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Edgar B. Forrest

7. Birth date of deceased (mo., day, yr.)

October 20 - 1885

8. AGE: Years Months Days If less than one day

60 4 20 hrs. min.

9. Birthplace

Wolfeville Fred. Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

12. Name

Lawsen H. Shepley

13. Birthplace

Fred. Co. Md.

14. Maiden name

Miranda Jones

15. Birthplace

Fred. Co. Md.

16. Informant

Edgar B. Forrest

Address

Dunkstown Md.

17. Burial

March 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown Md.

18. Funeral director

Wm. J. Bast & Sons

Address

Boonsboro Md.

19. (Date rec'd by registrar)

March 11, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946 at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/19/45 to 3/10/46and that I last saw her alive on 3/9/46

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

hypertensive disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Stephen

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED
MAR 13 1946
BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2) X

CERTIFICATE OF DEATH

02998

Reg. Dist. No. 303

1. PLACE OF DEATH: Washington
County.....
City or town..... Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1505 Virginia Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
John E. France

3. (b) Social Security Number
214-09-7214

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Irene France
B. (c) If alive, give age. 63 years
7. Birth date of deceased (mo., day, yr.) February 2, 1882

8. AGE: Years 64 Months 1 Days 8 If less than one day
hrs. min.

9. Birthplace Cearfoss, Wash. Co. Maryland
(Town, county, and state)

10. Usual occupation Inspector Examiner
Rent Control

11. Industry or business
12. Name George D. France
13. Birthplace Cearfoss, Maryland

14. Maiden name Annie M. Mowen
15. Birthplace Cearfoss, Maryland

16. Informant Mrs. John E. France
Address Hagerstown, Maryland

17. Burial Date thereof 3-13-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cemetery
Hagerstown, Maryland
Location C. M. Suter & Sons

18. Funeral director
Address Hagerstown, Maryland

19. March 12, 46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1946 at 6:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 8 1946 to Mar 10 1946
and that I last saw him alive on Mar 10 1946

Immediate cause of death
DURATION
Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations: Obstruction at site of uterus - removed
Autopsy results: Carcinoma
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [Signature] M.D. or other
Address: Hagerstown, Md. Date signed: 3/11/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 14 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470 ✓

CERTIFICATE OF DEATH

02999

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
Life
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Washington County Hospital
2 weeks
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 103 East Washington Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Guy G. Gantz

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Frances Gantz
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 30, 1884
 8. AGE: Years 61 Months 8 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Supervisor of Assessments

11. Industry or business

MOTHER
 12. Name Lewis H. Gantz
 13. Birthplace Beaver Creek, Maryland
 14. Maiden name Mary Gray
 15. Birthplace Beaver Creek, Maryland

16. Informant Mrs. Grace Cowherd
 Address Cumberland, Maryland

Burial 3-28-46
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
C. M. Suter & Sons

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. March 28, 1946 Blanch Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1946 at 3:40 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec, 1945, to Mar 25, 1946,
 and that I last saw him alive on Mar 25, 1946.

Immediate cause of death Bronchogenic carcinoma
 DURATION 1 yr.

Due to Esophageal obstruction
due to carcinoma lung.
 DURATION 1 mo.

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. S. Stauffer, M.D.
 Address Hagerstown, Md Date signed Mar 26, 1946

MARGIN RESERVED FOR BINDING

VS A15 9.45-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

26 Randolph Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 26 Randolph Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anna Louise Garlock

3. (b) Social Security Number

214-09-1409

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) January 19, 1887

8. AGE:

Years

Months

Days

If less than one day

5928

hrs.

min.

9. Birthplace Hagerstown, Wash. Co., Md.

(Town, county, and state)

10. Usual occupation Bookkeeper11. Industry or business C. D. Kenny CompanyFATHER
MOTHER

12. Name

George Garlock

13. Birthplace

Hagerstown, Maryland

14. Maiden name

Louisa McAway

15. Birthplace

Greencastle, Pa.16. Informant Mrs. Georgia DavidsonAddress Hagerstown, Maryland17. Burial
(Burial, cremation, or removal, Which?)Date thereof 3-30-46
(month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland19. March 28 19 46 Chas H. Flowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27-46 19 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1-46 19 Mar 27-46 19and that I last saw her alive on Mar 26-46 19

Immediate cause of death

DURATION

Carcinoma

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown, Md Date signed 3/28/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1946
BUREAU V. & L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

CERTIFICATE OF DEATH

★ Reg. Dist. No. 03001 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 206 North Cannon Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... No

3. (a) FULL NAME

Yvonne Jean Griffith

3. (b) Social Security Number

No

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) April 20 - 1938 6. (c) If alive, give age..... years
 8. AGE: Years..... 7 Months..... 10 Days..... 15 If less than one day..... hrs. min.

9. Birthplace..... Hagerstown, Md.
 (Town, county, and state)
 10. Usual occupation..... School Student
 11. Industry or business.....

FATHER 12. Name..... Howard L. Griffith
 13. Birthplace..... Mt Briar, Md.
 MOTHER 14. Maiden name..... Helen Osborne
 15. Birthplace..... Hagerstown

16. Informant..... Mrs. Helen Griffith
 Address..... Hagerstown.

17. Burial Date thereof Mar 10, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Rose Hill
 Location..... Hagerstown

18. Funeral director..... Fred W. Kraiss.
 Address..... Hagerstown

19. Mar. 10. 19 46 Chas. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 5:45 P.M.

20. DATE OF DEATH..... March 7th 19 46, at..... M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 Feb 19 46 to 7 March 19 46and that I last saw her alive on 7 March 19 46

Immediate cause of death..... Lymphocytic Choremeningitis DURATION..... 2 1/2 weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... F. F. Busby M. D. or otherAddress..... 230 N. Potomac Date signed..... 7 March 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 12 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 192

CERTIFICATE OF DEATH

03002

Reg. Dist. No. 303

1. PLACE OF DEATH:

County... Washington CountyCity or town... Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 weeks

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Williamsport, Md. RFD Pinesburg
(If outside city or town limits, write RURAL and give nearest town)Street No... Williamsport, Md. RFD Pinesburg
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mrs. Isaac D. Grove

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife... Captolia Neal Grove
Deceased7. Birth date of deceased (mo., day, yr.) Oct. 23 18708. AGE: Years Months Days If less than one day
75 5 2 hrs. min.9. Birthplace... Wilson Dist. Washington Co.
(Town, county, and state)10. Usual occupation... Retired Farmer11. Industry or business... Farm12. Name... Issac Grove
13. Birthplace... Williamsport, Md.14. Maiden name... Sophia15. Birthplace... Maryland16. Informant... Mr. Howard Grove
Address... #9 Church St. Williamsport, Md.17. Burial Date thereof... March 28 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Riverview Cemetery
Williamsport, Md.Location... Edith V. Leaf18. Funeral director... Edith V. Leaf
Address... #7 Church St. Williamsport, Md.19. March 27 1946 Chas H. Sowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 3/25/46 19... at 5:48 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2/25/46 to 3/25/46
and that I last saw him alive on 3/25/46Immediate cause of death... Chronic
interstitial nephritis DURATION 2 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Chas H. Sowers M. D. or otherAddress... Williamsport, Md. Date signed 3/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED

MAR 29 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Red*

03003

CERTIFICATE OF DEATH

Reg. Dist. No. *302*

1. PLACE OF DEATH:

County..... *Washington*
 City or town..... *Hagerstown, Maryland*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... *Life*
 Hospital, institution, or street address where death occurred:
1202 Hamilton Blvd.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland* County..... *Washington*
 City or town..... *Hagerstown*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *1202 Hamilton Blvd.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles William Harman

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

*Married*6. (b) Name of husband or wife..... *Frances J. Harman**67*7. Birth date of deceased (mo., day, yr.)..... *March 15, 1871*

6. (c) If alive, give age..... years

8. AGE: Years *74* Months *0* Days *11*
 If less than one day
 hrs. min.

9. Birthplace..... *Hagerstown Wash. Co. Md.*
 (Town, county, and state)10. Usual occupation..... *Retired Manager*11. Industry or business..... *Postal Telegraph*12. Name..... *Jacob Harman*13. Birthplace..... *Hagerstown, Maryland*14. Maiden name..... *Harriett Du Vall Snyder*15. Birthplace..... *Hagerstown, Maryland*16. Informant..... *Mrs. Charles W. Harman*Address *Hagerstown, Maryland*17. *Burial* Date thereof..... *3-6-46*
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... *Rose Hill Cemetery*Location..... *Hagerstown, Maryland*18. Funeral director..... *C. M. Suter & Sons*Address *Hagerstown, Maryland*

19. *March 5 46* *Phaeth Powers*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *3/4* 19 *46* at *11 a.* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Feb 25 1946* to *3/4* 19 *46*and that I last saw him alive on *3/3* 19 *46*

Immediate cause of death..... *arterio-sclerosis*
chronic Endocarditis DURATION *?*

Due to.....

Due to.....

Other conditions..... *✓*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... *Vincent Sullivan* M.D. or otherAddress..... *Hagerstown, Md.* Date signed..... *3/4 1946*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1946
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6 X

03004

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Chewsville, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Chewsville, Maryland
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Chewsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Irene Norford Hartle

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Charles P. Hartle

7. Birth date of deceased (mo., day, yr.)

April 19, 1881

6. (c) If alive, give age..... years

8. AGE:

Years

64

Months

1

Days

15

If less than one day

..... hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

FATHER
MOTHER

12. Name

Frank Norford

13. Birthplace

Hagerstown, Maryland

14. Maiden name

Sallie Friese

15. Birthplace

Hagerstown, Maryland16. Informant Mrs. Margaret RussmanAddress Chewsville, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3-6-46

(month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland19. March 5, 46

(Date rec'd by registrar)

Registrar Chas. H. Powers

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 25, 1946 to Mar. 25, 1946and that I last saw her alive on Feb. 25, 1946

Immediate cause of death.....

DURATION

Carcinoma of uterus2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed B. 4. 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 7 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 03006302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

421 No. Mulberry St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 421 No. Mulberry St.
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Rose May Hartman

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Charles S.6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) Feb 16 18758. AGE: Years 71 Months 0 Days 20 If less than one day
.....hrs.min.9. Birthplace Cashtown Adams Co. Pa.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name William H. Reamer13. Birthplace Chantabury Pa.14. Maiden name Mary L. Reigle15. Birthplace Louden Pa.16. Informant Chas. S. HartmanAddress Hagerstown Md.17. Burial Date thereof 3/8/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Flohr CemeteryLocation Cashtown Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 6 1946 Chas. H. Sowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 46, at 8 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 46 to Mar 6 46
and that I last saw him alive on Mar 5 46

Immediate cause of death..... DURATION

Cerebral Hemiplegia

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (Country) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

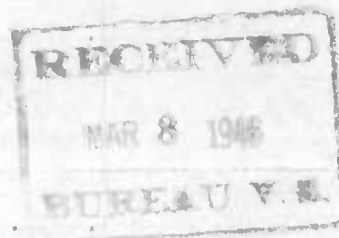
23. SIGNATURE Dr. Ditto M. D. or otherAddress Hagerstown Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 302

03005

307

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

Negre

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Richard Harney

7. Birth date of deceased (mo., day, yr.)

August 31, 1893

8. AGE:

52

Years

Months

7

Days

16

If less than one day

hrs.

min.

9. Birthplace

Cheaton, Md

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

Jenny Simms

15. Birthplace

Cheaton, Md

16. Informant

Address

Mrs. Emily Brown

17.

(Burial, cremation, or removal Which?)

Burial

Date thereof

3/19/46

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md

18. Funeral director

Address

William H. Downey

19.

(Date rec'd by registrar)

291 Frederick St Hagerstown

19.

(Date rec'd by registrar)

March 19, 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Washington

City or town.....

Hagerstown

Street No.....

320 N. Jonathan St.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 15, 1946

21. I CERTIFY that death occurred on the date as stated; that it attended deceased from

March 15, 1946, to March 16, 1946

and that I last saw him alive on March 15, 1946

Immediate cause of death

Cerebral hemorrhage

Due to

Due

Arteriosclerosis (B7 - 240)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Bender Md

M. D. or other

Address

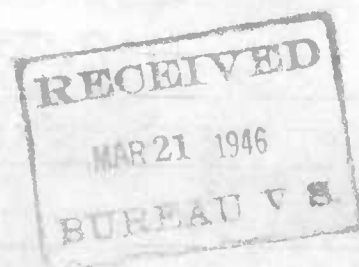
Hagerstown, Md

Date signed 3/18/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH EXPANDING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

Reg. Dist. No. 03007 301

1. PLACE OF DEATH:
County Washington County
City or town Williamsport Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 yrs
Hospital, institution, or street address where death occurred:
42 W. Salisbury St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 42 W. Salisbury St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Edgar Ever Haugh

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife None
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 31 1866
8. AGE: Years 79 Months 4 Days 9 If less than one day
hrs. min.

9. Birthplace Boonsboro Maryland
(Town, county, and state)
10. Usual occupation Labor
Byrons Tamery
11. Industry or business
12. Name Phillip Wesley Haugh
13. Birthplace Emmitsburg Md.
14. Maiden name Anna E. Scuffin
15. Birthplace Boonsboro Md.

16. Informant Mrs. Charles Palmer
Address 42 W. Salisbury St Williamsport

17. Burial Date thereof March 15 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Riverview Cemetery
Williamsport, Md.
Location Edith V. Leaf

18. Funeral director #7 Church St. Williamsport, Md.
Address

March 15- 19 46 Miss C. Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 19 46 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 8 19 46 to May 11 19 46
and that I last saw him alive on May 11 19 46

Immediate cause of death
Mycocarditis Chronic DURATION 2 years
Due to
Culter's Schistosomiasis DURATION 2 years
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Williamsport Md M. D. or other
Address Williamsport Md Date signed 5/14/46

RECEIVED

MAR 19 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County Washington
 City or town Rural - Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural - Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Sidling Hill
 (If rural, give LOCATION)
 2.(a) If veteran, name war — ✓

3. (a) FULL NAME

Bruce Hendershot

3. (b) Social Security Number

217-12-1598

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Patience Sarah (Hixon) Hendershot 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) May 8, 1886

8. AGE: Years 59 Months 10 Days 6 It less than one day — hrs. — min.

9. Birthplace Buck Valley, Fulton Co., Penna.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

12. Name William Hendershot

13. Birthplace Buck Valley, Penna.

14. Maiden name Sarah Ellen DeNeen

15. Birthplace Buck Valley, Penna

16. Informant ✓
 Address _____

17. Burial Date thereof Mar. 17, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Buck Valley Christian Church

Location Buck Valley, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. March 15, 46 19 46 J.H. Heller
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14, 1946, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10, 45 to Mar 12, 46

and that I last saw h. — alive on — 19 46

Immediate cause of death Chronic myocarditis

Due to Congestive Heart Failure

Due to Hypertension

Other conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE J.H. Heller M.D. or other —

Address Hancock, Md. Date signed 3/15/46

RECEIVED
MAR 19 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

13009302
★ Reg. Dist. No.

1. PLACE OF DEATH: County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 hours 20 minutes</u> Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> How long in hospital or institution? <u>2 hours 20 minutes</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>104 Wayside Ave</u> (If rural, give LOCATION) 2. (a) If veteran, name war _____			
3. (a) FULL NAME <u>Unname d child of Frank Herrmann</u>				3. (b) Social Security Number _____			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>			
6. (b) Name of husband or wife _____				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>March 30, 1946</u>				8. AGE: Years _____ Months _____ Days _____ If less than one day <u>2</u> hrs. <u>20</u> min.			
9. Birthplace <u>Hagerstown Washington Md.</u> (Town, county, and state)				10. Usual occupation <u>None</u>			
11. Industry or business <u>None</u>				12. Name <u>Frank Herrmann</u>			
13. Birthplace <u>Hagerstown Md.</u>				14. Maiden name <u>Sarah Miller</u>			
15. Birthplace <u>Beaver Creek Md.</u>				16. Informant <u>Frank Herrmann</u> Address <u>Hagerstown Md.</u>			
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>April 1, 1946</u> (month) (day) (year) Cemetery or crematory <u>Rose Hill</u> Location <u>Hagerstown Md.</u> Funeral director <u>Scott F. Minnich & Son</u> Address <u>Hagerstown Md.</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____			
19. (Date rec'd by registrar) <u>Mar. 31, 46</u>				23. SIGNATURE <u>Charles Rowan</u> Address _____ Date signed <u>3/30/46</u>			

MEDICAL CERTIFICATION
 2D. DATE OF DEATH March 30 1946 at 11:55a

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30, 1946 to March 30, 1946
 and that I last saw him alive on March 30, 1946

 Immediate cause of death _____ DURATION _____
Pneumonia infant
 Due to 0 2 mos infection
 Due to Influenza of mother
 Other conditions _____
 (Include pregnancy within 8 months of death)

 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

03010

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Weeks
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 1/2 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2027 Virginia Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME James Church Hite 3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Nov. 8, 1943
 8. AGE: Years 2 Months 4 Days 19 If less than one day..... hrs. min.

9. Birthplace Danville Va. Danville, Va.
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....
 12. Name Jesse R. Hite
 13. Birthplace Halifax Co. Va.
 14. Maiden name Lucile Church
 15. Birthplace Danville Va.

16. Informant Rev. Jesse R. Hite
 Address Hagerstown, Md.

17. Burial Date thereof March 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director F. W. Kraiss
 Address Hagerstown, Md.

19. Mar. 30, 1946 Chas. H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH 3/27/46 19..... at..... M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 3/27/46 to 3/27/46
 and that I last saw him alive on 3/27/46
 Immediate cause of death.....
Bronchial Pneumonia
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings at operations.....
 Autopsy result Submission not granted
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?
 23. SIGNATURE St. George M. D. or other
 Address Hagerstown Date signed 3/29/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03011

Reg. Dist. No. 305

1. PLACE OF DEATH:

County... Washington
 City or town... Littleton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred: Boonsboro Md. R. 2
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Littleton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Boonsboro Md. R. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

Joseph Josiah Hutzell

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (4) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Margaret C. Hutzell

7. Birth date of deceased (mo., day, yr.) June - 5 - 1864

8. AGE: Years 81 Months 9 Days 12 If less than one day hrs. min.

9. Birthplace near Keedysville Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name John Hutzell

13. Birthplace Wash. Co. Md.

14. Maiden name Lucy Mauregan

15. Birthplace Wash. Co. Md.

16. Informant Homer Lapale

Address Boonsboro Md. R. 2

17. Burial Date thereof March 20, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Littleton Cemetery

Location near Boonsboro Md.

18. Funeral director WM. F. Bast & Son

Address Boonsboro Md.

19. March 20, 1946 John F. Bast
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1946 1946 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 - 1946 to March 17 - 1946

and that I last saw him alive on March 17 - 1946

Immediate cause of death Chronic Myocarditis

DURATION 10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John F. Bast - M.D.
 M. D. or other
 Address Boonsboro - Md. Date signed 3/19/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wade

RECEIVED

MAR 22 1945

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore, 92-2

03012 317

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Dargan Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR None

3. (a) FULL NAME

Goldie Evelyn Itnyre

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thurston Elwood Itnyre

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) March 25, 1929

8. AGE: Years 17 Months 0 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Dargan, Washington Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name George William Kretzer

13. Birthplace Antietam, Md.

14. Maiden name Ida Mae Eichelberger

15. Birthplace Dargan, Md.

16. Informant Mr. Thurston E. Itnyre

Address R.F.D. #1, Harpers Ferry, W.Va.

17. Burial Date thereof March 27, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Md.

18. Funeral director J. H. Backus

Address Bolivar, West Va.

19. March 25, 1946 Black Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 25, 1946, at 3a AM

2I. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18, 1946 to March 25, 1946 and that I last saw him alive on March 24, 1946

Immediate cause of death Pulmonary edema DURATION 30 minutes

Due to Ludovig's Angina 5 days

Due to Heart's Angina & secondary infection 6 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Emphysema & drainage of

cellulitis & tracheobronchitis

Of autopsy Pulmonary edema

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE Walter H. Shady M.D. or other

Address Sharpsburg, Md. Date signed 3/25/46

MARGIN RESERVED FOR BINDING

VS ALE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

RECEIVED

MAR 27 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

03013

CERTIFICATE OF DEATH

★ Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 36 yrs.
 Hospital, institution, or street address where death occurred:
318 W. Franklin St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 318 W. Franklin St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anna A. Kline

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Luke Kline

7. Birth date of deceased (mo., day, yr.) July 23, 1868 6.(c) If alive, give age years

8. AGE: Years 77 Months 8 Days 4 If less than one day hrs. min.

9. Birthplace Cherry Run, W. Va.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Henry C. Bowers13. Birthplace ----- W. Va.14. Maiden name Unknown15. Birthplace Unknown

16. Informant Mrs. E. L. Kline
 Address 318 W. Franklin St. - Hagerstown

17. Burial Date thereof Mar. 30-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagersstown

19. Mar. 30, 1946 Registrar Chas. H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1946 19 8:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 Mar. 19 46 to 27 Mar. 19 46
 and that I last saw her alive on 24 Mar. 19 46

Immediate cause of death Arterio sclerotic cardio vascular disease with myocardial failure DURATION 10 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. Lusby M. D. or other

Address 230 N. Potomac Date signed 28 Mar 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

03014

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 65 years
 Hospital, institution, or street address where death occurred:
Washington County Home
 How long in hospital or institution?..... 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Md. County..... Wash.
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Liberty St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Robert D. Kochenour

3. (b) Social Security Number
214-09-9636

4. Sex..... male
 5. Color or race..... white
 6.(a) Single, married, widowed, or divorced..... divorced

6.(b) Name of husband or wife..... Rachel May

7. Birth date of deceased (mo., day, yr.)..... 1880
 6.(c) If alive, give age..... years

8. AGE: Years..... about 66
 Months.....
 Days.....
 If less than one day..... hrs. min.

9. Birthplace..... Ringgold, Wash., Md.
 (Town, county, and state)

10. Usual occupation..... Plummer

11. Industry or business..... Fridinger & Co.

12. Name..... Harry Kochenour

13. Birthplace..... Hagerstown, Md

14. Maiden name..... Mary C. Nottingham

15. Birthplace..... Unknown

16. Informant..... Mrs. Charles Kochenour

Address..... Hagerstown, Md.

17. Burial..... Date thereof..... 4-2-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill

Location..... Hagerstown, Md.

18. Funeral director..... Scott F. Minnich & Son

Address..... Hagerstown, Md.

19. Mar. 31 46 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 30 1946 at 7:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar 20 1946 to Mar 30 1946
 and that I last saw him alive on Mar 20 1946

Immediate cause of death.....
Chronic Intestinal
neuropathia
 Due to.....
Congestive Heart failure
 Other conditions.....
 (Include pregnancy within 8 months of death)

DURATION

?

6 days

Major findings of operations.....

Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Ernest A. ...
 M. D. or other

Address..... Hagerstown Md. Date signed..... 3/30/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1946

BUREAU V.S.

Evidence for addition of
information is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

03015

Reg. Dist. No. 302

FILM No. I O 1 APR 1 - 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredricks

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William A. Litten

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ellen Barger

6.(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) October 7, 1902

8. AGE: Years 43 Months 5 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation B.&O. R.R.

11. Industry or business Conductor

12. Name William Albert Litten

13. Birthplace Virginia

14. Maiden name Lucy Coffman

15. Birthplace Virginia

16. Informant Ellen Litten

Address Brunswick Md.

17. Burial Date thereof March 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Park Heights Cemetery

Location Brunswick, Maryland

18. Funeral director C. H. Fette & Bro

Address Brunswick Md

19. March 26 1946 Registrar Chas H Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1946, at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Fractured skull (closed) Fractured left ulna (closed) DURATION 4 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Antopsy results None Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 3/28/46
Where did injury occur? East of Funkstown Wash. Md.
(City or town) (County) (State)

Highway, 1 mile east of Funkstown, Md.
Injured at home, farm, industry, public place (where?) _____

Means of injury Hit culvert Injured at work? No

DEPUTY MEDICAL EXAM. S. Robert Wells WASH. CO., MD.
M. D. or other _____

23. SIGNATURE Chas H Bowers Address Hagerstown, Md. Date signed Mar. 26/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Chas. Bowen
928 Mulberry Ave.

RECEIVED

MAR 30 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (96)

CERTIFICATE OF DEATH

03016

288

Dr. Poole

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Years

Hospital, institution, or street address where death occurred:

Middleburg Pike

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Middleburg Pike
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs Laura Agnes Long

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife McClland7. Birth date of deceased (mo., day, yr.) Dec. 19 1859
8. (c) If alive, give age _____ years8. AGE: Years Months Days If less than one day
86 2 16 _____ hrs. _____ min.9. Birthplace Fairplay Wash. Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Henry Line13. Birthplace Tilginanton Md.14. Maiden name Anna Middlekauff15. Birthplace Spielmanns Md.16. Informant Fred M. LongAddress Hagerstown Md.17. Burial Date thereof 3/8/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Manor CemeteryLocation Tilghmantion Md.16. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. March 8 1946 Phaelt Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 46, at 10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 19 46, to Mar 5 19 46, and that I last saw her alive on Feb 27 19 46.

Immediate cause of death _____ DURATION

Pulmonary Hemorrhage 5 min
Due to Ruptured aneurysm cerebr.
Not due to tuberculosis
Due to Myocardial Infarction 1 yr.

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results No autopsy could be obtained.
PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ernest J. Poole MD M. D. or other
Address Hagerstown Md. Date signed 3/6/46

RECEIVED

MAR 11 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (197)

Dr. Prather 03017

CERTIFICATE OF DEATH

★ Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Minutes
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 674 Penna. Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mary Elizabeth Long

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 16 19458. AGE: Years Months Days If less than one day
9 14 hrs. min.9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Mason F. Long13. Birthplace Big Springs Md.14. Maiden name Sarah Sooks15. Birthplace Hagerstown Md.16. Informant Mason F. LongAddress Hagerstown Md.17. Burial Date thereof 4/2/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. April 2 19 46 Shaft Bowers
 (To be filled by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 46 at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____ to 19 _____

and that I last saw him _____ alive on 19 _____

Immediate cause of death

Acute broncho
pneumonia

DURATION

12 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was not external causes, fill in the following:Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
Hagerstown, Md. WASH. CO., MD.
 M. D. _____Address Hagerstown, Md. Date signed 4/1/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 4 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
725 Chestnut St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.725 Chestnut St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elias H. Longman3. (b) Social Security Number
None

4. Sex.....Male 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Married

B. (b) Name of husband or wife.....Ella Longman

B. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....April 3, 1862

8. AGE: Years.....83 Months.....11 Days.....17 If less than one day..... hrs. min.

9. Birthplace.....Fredrick Co. Md.
 (Town, county, and state)

10. Usual occupation.....Retired

11. Industry or business

FATHER 12. Name.....George Longman
 13. Birthplace.....Fredrick Co. Md.

MOTHER 14. Maiden name.....Elizabeth
 15. Birthplace.....Fredrick Co. Md.

18. Informant.....Mrs. Ella Longman
 Address.....Hagerstown, Md.

17. Burial Date thereof.....March 21, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Rose Hill Cemetery
 Location.....Hagerstown, Md.

18. Funeral director.....F. W. Kraiss
 Address.....Hagerstown, Md.

19. March 21, 1946 Registrar.....Charles H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 18, 1946..... 19..... at 1:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 19, 44 to Mar. 18, 1946
 and that I last saw him alive on March 17, 1946

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

ArteriosclerosisMajor findings of operations.....No operationAutopsy results.....No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....R. Bess

Address.....Hagerstown, Md. Date signed.....3/19/46
 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 23 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03019

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
9 Cypress Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland
State.....
County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9 Cypress
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME Charles E. Maxwell

3. (b) Social Security Number
214-09-6048

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Emma Maxwell
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) October 6, 1875
8. AGE: Years 70 Months 5 Days 7
hrs. min.

9. Birthplace Kenneth Square- Chester- Pa.
(Town, county, and state)
Painter
10. Usual occupation.....
11. Industry or business.....
12. Name.....
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. Informant Mrs. Emma Maxwell
Address 9 Cypress St.- Hagerstown, Md.
Burial
Date thereof Mar. 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Hagerstown, Md.
Location
Fred W. Kraiss
18. Funeral director
Address Hagerstown, Md.
19. March 15 1946
(Date rec'd by registrar)

MEDICAL CERTIFICATION
2D. DATE OF DEATH March 13, 1946 19 9:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1946 to March 13 1946
and that I last saw him alive on March 13 1946
Immediate cause of death
Crowning occlusion
Crowning disease
Severe asthmatic symptoms
DURATION 15 minutes
Due to
Due to
Other conditions Pinching of right inguinal
hernia by heavy flaps
(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following: No -
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE R. Byrment md.
Address Hagerstown Md.
M. D. or other
Date signed 3/14/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

Dr. Wells

03020

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
120 West Antietam St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 120 West Antietam St.
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

Beverly Ann Myers

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 11 1945
 8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
2 31 hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Harold Myers13. Birthplace Leitersburg Md.14. Maiden name Helen Stone15. Birthplace Chambersburg Pa.16. Informant Harold MyersAddress Hagerstown Md.

17. Burial Date thereof 3/4/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Leitersburg Md. CemeteryLocation Leitersburg Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. March 4 1946 Phar H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 19 46, at 4:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 to 19

and that I last saw h..... alive on 19

Immediate cause of death

Acute bronchial pneumonia

DURATION

24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

None

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Phar H. Bowers DEPUTY MEDICAL EXAM.
Hagerstown, Md. WASH. CO., MD.
 M. D. 3/4/46

23. SIGNATURE

Address Date signed

RECEIVED
MAR 6 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Dr. Ralph Stouffer

03021

305

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 week
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Clearsprings Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 236 Cumberland st.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Ella Spidle Myers

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Otho Preston
 6.(c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) June 3 1884

8. AGE: Years 61 Months 9 Days 14 If less than one day
 hrs. min.

9. Birthplace Clearspring Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John Spidle

13. Birthplace Clearsprings Md.

14. Maiden name Virginia Barnhart

15. Birthplace Clearsprings Md.

16. Informant Otho P. Myers

Address Clearsprings Md.

17. Burial Date thereof 3/19/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location near Clearspring Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 18. 1946 Chas. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1946 19....., at 3 P..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 12, 1946, to Mar 17, 1946
 and that I last saw him alive on March 17, 1946

Immediate cause of death Chr. hypertensive heart disease DURATION years

Due to.....

Due to.....

Other conditions Chronic bronchitis, asthma years.

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE R. S. Stouffer M. D. or other

Address Hagerstown, Md. Date signed Mar 18, 1946

RECEIVED
MAR 20 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

03022

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 35 E. Salisbury St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
William Edward Myers

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Tillie Grove Myers
7. Birth date of deceased (mo., day, yr.) Aug. 5 1874
8. AGE: Years 71 Months 7 Days 24 If less than one day
..... hrs. min.

9. Birthplace Cleerspring Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
12. Name Joseph Myers
13. Birthplace Upton Pa.
14. Maiden name Jemima Wiley
15. Birthplace Big Poole Md.

16. Informant Tillie Grove Myers
Address 35 E. Salisbury St. Williamsport
17. Burial Burial Date thereof April 2 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Williamsport, Maryland
18. Funeral director Edith V. Leaf
Address #7 Church St. Williamsport, Md.

19. April 1 1946 Phas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/46 19 46
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/26/46 19 46 to 3/29/46 19 46
and that I last saw him alive on 3/29/46 19 46
Immediate cause of death Acute Dilatation of Heart DURATION Immediate
Due to Coronary Fibrillation 3 Days
Due to Valvular Heart Disease 2 weeks
Decompensation
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Ralph F. Gougeon M. D. or other
Address Williamsport, Md. Date signed 3/30/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

03023

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 years

Hospital, institution, or street address where death occurred:

315 Central Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No... 315 Central Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war... No

3. (a) FULL NAME

Arthur Thompson Obitts

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife... Emma K. Obitts

7. Birth date of deceased (mo., day, yr.) Dec, 17, 1876
8. (c) If alive, give age... years8. AGE: Years 69 Months 3 Days 14 If less than one day
hrs. min.9. Birthplace... Williamsport, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation... Retired Penn. R. R. Emp.

11. Industry or business... Boiler Maker

12. Name... George Obitts

13. Birthplace... Puray, Va.

14. Maiden name... Caroline Wolf

15. Birthplace... Williamsport, Me

16. Informant... Mrs. Emma K. Obitts

Address... 315 Central Ave. - Hagerstown, Md

17. Burial Date thereof... Apr. 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Rest Haven Cemetery

Location... Hagerstown, Md.

18. Funeral director... Fred W. Kraiss

Address... Hagerstown, Md.

19. April 2, 1946 Chas H Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 31, 1946 4:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24, 1946 to March 31, 1946

and that I last saw him alive on March 31, 1946

Immediate cause of death... Cerebral haemorrhage

DURATION 8 days

Due to... Hypertension

Due to...

Other conditions... Coronary sclerosis 1 year?

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... M. D. Layman M.D.

Address... 150 Professional Bldg Hagerstown, Maryland. Date signed... April 1, 1946

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 4 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46 ~~46~~ X

CERTIFICATE OF DEATH

03024

Reg. Dist. No. 303

24

1. PLACE OF DEATH:
 County Washington County
 City or town Big Springs Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:
Big Springs Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Big Springs Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Big Springs Md.
 (If rural, give LOCATION)
 2(a) If veteran, name war No

3. (a) FULL NAME
William Henry Patton

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Minnie Florence Patton
Big Springs Md. 6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan. 30 1864

8. AGE: Years 82 Months 1 Days 21 If less than one day
 ..hrs. ..min.

9. Birthplace Clearspring District Md
 (Town, county, and state)

10. Usual occupation Watchman on Rail Road

11. Industry or business Rail Road

FATHER 12. Name Henry Patton
 13. Birthplace Williamsport, Md.

MOTHER 14. Maiden name Jane Baker
 15. Birthplace Hancock Maryland

16. Informant Clara Sharon
 Address Big Springs Maryland

17. Burial Date thereof 3-26-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Pinesburg Mennonite
 Location Pinesburg Md.

18. Funeral director Edith V. Leaf
 Address #7 Church St. Williamsport, Md.

19. March 26 46 Joseph W. Muncy Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23, 1946 at 12 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1946 to Mar 23, 1946
 and that I last saw him alive on Mar. 23, 1946

Immediate cause of death Carcinoma of Liver DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 3/25/46

RECEIVED
MAR 27 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Chewsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65 Years

Hospital, institution, or street address where death occurred:

Main St.How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Chewsville
(If outside city or town limits, write RURAL and give nearest town)Street No. Main St

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

Miss Mame Bell Poffenberger

3. (b) Social Security Number

214-09-0556

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife -----B. (c) If alive, give age -- years

7. Birth date of

deceased (mo., day, yr.)

April 12 1880

8. AGE:

Years

Months

Days

If less than one day

65111

hrs.

min.

9. Birthplace Chewsville wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Supervisor

11. Industry or business

Hagerstown Mfg. Co.

FATHER

12. Name Henry J. Poffenberger

13. Birthplace

Myersville Md.

MOTHER

14. Maiden name Anna Elizabeth Rudisill

15. Birthplace

Smithsburg Md.

16. Informant

Miss Fannie Poffenberger

Address

Chewsville Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/15/46

(month) (day) (year)

Cemetery or crematory

Smithsburg Cemetery

Location

Smithsburg Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.19. March 14 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1946 19 -- at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

long 45 to March 13 46
and that I last saw him alive on Mar 6-46 19 --

Immediate cause of death

DURATION

Cerebral

Due to

Burst

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 3/15/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-1.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 16 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Bell

03026

309

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
Mt. Etna Road
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mt. Etna Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Charles Edward Ricketts

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Josaphine
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) August 13 1867
 8. AGE: Years 78 Months 7 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Washington D.C.
 (Town, county, and state)
 10. Usual occupation Watchman B. & O.R.R.
 11. Industry or business Retired
 12. Name Robert Ricketts
 13. Birthplace Buckystown Md.
 14. Maiden name Sarah E. Dixon
 15. Birthplace Buckystown Md.

16. Informant Mrs. Rosalie Henson
 Address Hagerstown Md.

17. Burial Date thereof 3/20/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mountain View Cemetery
 Location Sharpsburg Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. March 20 1946
 (Date rec'd by registrar) Registrar Chas. Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1946 19 46 at 6.15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 45 to March 17 19 46, and that I last saw him in alive on March 9 19 46.

Immediate cause of death Hypertensive cardiovascular renal disease DURATION 1 year

Due to _____
 Due to _____
 Other conditions None

(Include pregnancy within 3 months of death)
 Major findings of operations No operation Date of op. _____

Autopsy results No autopsy
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. Bell M. D. or other _____
 Address Hagerstown Md. Date signed 3/18/46

RECEIVED

MAR 22 1946

BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 03027 305

1. PLACE OF DEATH:

County Washington County
 City or town Bonifant
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
San Mrs Home for the aged

How long in hospital or institution? 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Union Bridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura Virginia Pope

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife James Pope

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 18 - 1862

8. AGE: Years 83 Months 5 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick Co. Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Elbr John H. Pope

13. Birthplace Maryland

14. Maiden name Margaret Keller

15. Birthplace Maryland

16. Informant William H. Mann

Address Union Bridge Maryland

17. Burial Date thereof March 21 - 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pipe Creek Cemetery

Location Uniontown Road

18. Funeral director D. D. Hatcher & Sons

Address Union Bridge New Windsor Md

19. March 18 - 19 46 John H. Bast
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1946 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 1946 to March 18 1946

and that I last saw him alive on March 18 1946

Immediate cause of death _____ DURATION 10 yrs

Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Mann M.D.

Address Beonabos. Date signed 3/18/46

RECEIVED
MAR 20 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03028

CERTIFICATE OF DEATH

Reg. Dist. No. 302

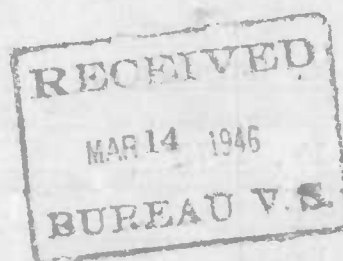
1. PLACE OF DEATH: County... <u>Washington</u> City or town... <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> How long in hospital or institution?..... <u>2 weeks</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Washington</u> City or town... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>147 North Potomac Street</u> (If rural, give LOCATION) 2. (a) If veteran, name war.....			
3. (a) FULL NAME <u>George S. Shrader</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Widower</u>			
6. (b) Name of husband or wife <u>Annie M. Shrader</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>October 17, 1873</u>				8. AGE: Years <u>72</u> Months <u>4</u> Days <u>21</u> If less than one day..... hrs. min.			
9. Birthplace <u>Greencastle, Pa.</u> (Town, county, and state)				10. Usual occupation <u>Janitor</u>			
11. Industry or business <u>Y.M.C.A.</u>				12. Name <u>George W. Shrader</u>			
13. Birthplace <u>Greencastle, Pa.</u>				14. Maiden name <u>Mary A. Downey</u>			
15. Birthplace <u>Greencastle, Pa.</u>				16. Informant <u>Mary B. Shrader</u> Address <u>Washington, D.C.</u>			
17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory... <u>Rose Hill Cemetery</u> Location... <u>Hagerstown, Maryland</u> <u>C. M. Suter & Sons</u>				Date thereof... <u>3-12-46</u> (month) (day) (year)			
18. Funeral director Address <u>Hagerstown, Maryland</u>				19. (Date rec'd by registrar) <u>March 12, 46</u> Registrar <u>Bluff Bowers</u>			

MEDICAL CERTIFICATION 20. DATE OF DEATH... <u>10 March</u> 19 <u>46</u> , at <u>6:40 A.M.</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>25 Feb</u> 19 <u>46</u> to <u>10 March</u> 19 <u>46</u> and that I last saw him alive on <u>9 March</u> 19 <u>46</u>	
Immediate cause of death <u>Epilepsia Facie</u> <u>Mixed Tumor Rt. Parotid</u>	DURATION <u>2 yrs</u> <u>1 1/2 yrs</u>
Due to.....	
Due to.....	
Other conditions.....	
(Include pregnancy within 3 months of death)	
Major findings of operations.....	
Date of op.	
Autopsy results.....	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?	
23. SIGNATURE... <u>J. F. Lusby</u> Address <u>230 N Potomac</u> M. D. <u>Ches</u> Date signed <u>12 March 46</u>	

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 03029 307

1. PLACE OF DEATH:

County Washington
 City or town Samplers Manor Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
Harpers Ferry W. Va. R.I.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Samplers Manor Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harpers Ferry W. Va. R.I.
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Della Regina Smith

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife Single
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 13, 1945
 8. AGE: Years 3 Months 14 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Samplers Manor Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business at home
 12. Name Melvin Smith
 13. Birthplace Chestnut Grove Wash. Co. Md.
 14. Maiden name Edna Irene Keeser
 15. Birthplace Keeser W. Va.

16. Informant Melvin Smith
 Address Harpers Ferry W. Va. R.I.
 17. Burial Date thereof March 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Samplers Manor Cemetery
 Location Samplers Manor Md.
 18. Funeral director Wm. J. Best & Sons
 Address Boonsboro Md.

19. Mar 29 1946 Mrs. Katherine Degenhart
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1946 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 _____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____
acute broncho pneumonia
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

DURATION

12hrs

Major findings of operations _____
 _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

S. R. Hunt Wells DEPUTY MEDICAL EXAM.
 23. SIGNATURE WASH. CO., MD.
 M. D. or equivalent

Address Hagerstown, Md. Date signed 3/28/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9429

03030

CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH:

County WashingtonCity or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yearHospital, institution, or street address where death occurred:
Home of Morning Star

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County WashingtonCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Hagerstown Ind # 2
(If rural, give LOCATION)2.(a) If veteran, name war World War # 1

3. (a) FULL NAME

L. Elmer Smith

3. (b) Social Security Number

4. Sex m. 5. Color or race w. 6. (a) Single, married, widowed, or divorced s.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 10, 1886 8. (c) If alive, give age 59 years8. AGE: Years 59 Months 6 Days 3 If less than one day hrs. min.8. Birthplace Franklin Co., Pa.
(Town, county, and state)10. Usual occupation Farmer + Blacksmith

11. Industry or business

12. Name John W. Smith13. Birthplace Ind.14. Maiden name Mary Ann Elizabeth Smith15. Birthplace Ind.16. Informant Rufus SmithAddress Waynesboro Pa # 417. (Burial, cremation, or removal, Which?) Burial Date thereof March 16, 1946
(month) (day) (year)Cemetery or crematory Harbaugh CemeteryLocation near Midvale Pa18. Funeral director Walter J. GrovesAddress Waynesboro Penna19. March 15, 1946 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1946 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 13 1946 Mar 13 1946and that I last saw him alive on Mar 13 1946Immediate cause of death Coronary Thrombosis DURATION 10 min.Due to arteriosclerosis 943Due to hypertensionOther conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations ✓ Date of op. ✓Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. G. H. O. G. L. M. D. or otherAddress in this building Date signed 3/13/46

MARGIN RESERVED FOR BINDING

VS A151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? at work
 Hospital, institution, or street address where death occurred:
at place of employment
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Mt. Lema 'Rural'
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Boonsboro md. R. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Raymond L. Smith

3. (b) Social Security Number

213-12-7261

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Luella Smith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February - 9 - 1901

8. AGE: Years Months Days If less than one day

45 1 9 hrs. min.

9. Birthplace Mt. Lema Wash. Co. Md.
(Town, county, and state)10. Usual occupation Labour11. Industry or business Construction Work.12. Name Edward Smith13. Birthplace Wash. Co. Md.14. Maiden name Jamie Arnold15. Birthplace Wash. Co. Md.16. Informant Mrs. Luella SmithAddress Boonsboro Md. R. 217. Burial Date thereof March 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Stahmup CemetaryLocation near Mapleville Md.18. Funeral director Wm. J. East & SonsAddress Boonsboro Md.19. Mar. 19, 1946 Registrar Robert Wells
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

crushed and suffocated

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Mar/18 46Where did injury occur? Hagerstown Wash. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) N.Y. Iron WorksMeans of injury rock fell at pit Injured at work? yesDEPUTY MEDICAL EXAM. WASH. CO., MD.23. SIGNATURE Robert Wells M. D. originalAddress Hagerstown Md. Date signed 3/19/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wells

03031

308

RECEIVED
MAR 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03032

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, R. D. 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown, R. D. 2
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Nettie Ward Sperow

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Russell Sperow

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1877

8. AGE: Years 68 Months 5 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Berkeley County, W. Va.
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business

12. Name George G. Swimley

13. Birthplace Berkeley County, W. Va.

14. Maiden name Emma V. Evans

15. Birthplace Berkeley County, W. Va.

16. Informant Russell Sperow

Address Hagerstown, R. D. #2

17. Burial Date thereof Mar. 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rosedale

Location Martinsburg

18. Funeral director Howard K. Brown

Address Martinsburg, W. Va.

19. March 6 19 46 Leath/Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 4, 19 46, at 7:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to March 4, 19 46.
and that I last saw her alive on March 4, 19 46.

Immediate cause of death Carcinoma of Colon DURATION 4 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. B. Swimley M.D.

1456 W. Wash. St. Hagerstown M. D. or other _____
Address Date signed 3/4/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CLERICAL DIVISION

RECEIVED
MAR 8 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9-2

CERTIFICATE OF DEATH

Dr. Yeager

03033306
Reg. Dist. No.

1. PLACE OF DEATH:

County... Washington
City or town... Smithsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... 10 Years
Hospital, institution, or street address where death occurred:
Water St.
How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... Smithsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. Water St.
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME

George David Stem

3. (b) Social Security Number

219 - 12 - 2218

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife... Anna Beard
6. (c) If alive, give age... 57 years7. Birth date of deceased (mo., day, yr.) Feb'y 13 18798. AGE: Years Months Days It less than one day
67 1 13 hrs. min.9. Birthplace... Williamsport Wash. Co. Md.
(Town, county, and state)10. Usual occupation... Operator11. Industry or business... Filling Station12. Name... David Stem13. Birthplace... Uniontown Md.14. Maiden name... Sarah Lambert15. Birthplace... Uniontown Md.16. Informant... Mrs Anna StemAddress... Smithsburg Md.17. Burial Date thereof... 3/28/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... Smithsburg CemeteryLocation... Smithsburg Md.18. Funeral director... Andrew K. CoffmanAddress... Hagerstown Md.19. 3-27-46 19
(Date rec'd by registrar)Geo. W. Ferguson
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 26 19 46 at 2:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 31 19 27 to March 26 19 46
and that I last saw him alive on March 25 19 46Immediate cause of death...
Cerebral Hemorrhage
Paralysis - Left
Anterior Horn
Pulsant Forer
Chronic MyocarditisDURATION
3-9-46
3-9-46
1936
11-15-37
5-3-27

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... Dec Date of op.Autopsy results... none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. Howard Yeager M. D. or other
Hagerstown Md Date signed March 26, 46

RECEIVED

APR 9 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03034

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Boonsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:
N. Main St.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town St. James
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mary Elizabeth Stotler

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife John M. Stotler

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 28, 1862

8. AGE: Years 83 Months 7 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Washington Co. Maryland
(Town, county, and state)10. Usual occupation Housekeeper11. Industry or business own home12. Name Isaac Neely13. Birthplace Wash. Co. Md.14. Maiden name Catherine Griffy15. Birthplace Ireland16. Informant Emory StotlerAddress Boonsboro Md.

17. Burial Date thereof March 7, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Wm. J. Bart & SonsAddress Boonsboro Md.19. March 7, 1946 John H. Bart
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1946 at 4:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to March 4 1946and that I last saw him alive on March 4 1946Immediate cause of death Coronary ThrombosisDURATION 16 daysDue to Arterial Hypertension 24 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Shubert Hale M.D.Address Boonsboro Md. Date signed 3/6/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wade

RECEIVED

MAR 9 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

Reg. Dist. No. 03035
311
5
302

1. PLACE OF DEATH:

County Washington
 City or town Old Forge Road Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
Hagerstown Md. R. 5
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Old Forge Road - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hagerstown Md. R. 5
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3. (a) FULL NAME

Richard Lee Thomas

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs. Fern Thomas

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November - 24 - 1921

8. AGE:

Years

Months

Days

If less than one day

24325

hrs.

min.

9. Birthplace

Hagerstown Md.
(Town, county, and state)

10. Usual occupation

U. S. Army

11. Industry or business

FATHER

12. Name

Norman Thomas

13. Birthplace

Sharpsburg Md.

MOTHER

14. Maiden name

Dorothy Elizabeth Hopkins

15. Birthplace

Rolla Illinois

16. Informant

Mrs. Fern Thomas

Address

Hagerstown Md. R. 5

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof March 22, 1946
(month) (day) (year)

Cemetery or crematory

Mountain View Cemetery

Location

Sharpsburg Md.
1701 E. East & Son

18. Funeral director

Address

Boonsboro Md.

19.

March 20, 1946
(Date rec'd by registrar)Chas. H. Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 19, 1946 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h. alive on

19

Immediate cause of death

DURATION

gun shot wound into skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/19/46Where did injury occur? Hagerstown Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) RFD. Pickens farmMeans of injury 22 rifle Injured at work? no

23. SIGNATURE

Robert Y. Wells again. ward. g.
M. DoctorAddress Hagerstown Md. Date signed 3/20/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03036

320

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 15 South Potomac Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

J. Edward Vanaman

3. (b) Social Security Number

217-09-9677

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 19, 1893 8.(c) If alive, give age..... years

8. AGE: Years 52 Months 3 Days 5 If less than one day..... hrs. min.

9. Birthplace Bridgeton, N. J.
 (Town, county, and state)

10. Usual occupation Manager11. Industry or business Moskin's Clothing Co.12. Name Joseph Vanaman13. Birthplace Salem Co. N. J.14. Maiden name Emma Miller15. Birthplace Bridgeton, N. J.16. Informant Joseph VanamanAddress Philadelphia, Pa.

17. Burial Date thereof Mar. 27, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Forest CemeteryLocation Philadelphia, Pa.18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland19. Mar. 25, 1946 Registrar W. Howard Jones

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1946 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22, 1946 to March 24, 1946
 and that I last saw him alive on March 24, 1946

Immediate cause of death Acute Cardiac Failure
Myocardium
 Due to Coronary Arteriosclerosis
Collapsed Lung - Pneumonia
Pulmonary Tuberculosis (Pr-Active)
 Other conditions Cuba

DURATION

2 days
2 night
25 hr
25 hr

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard JonesAddress Hagerstown, Md M. D. or otherDate signed 3-25-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

03037

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. High Street
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Rhoda Shives Vantz

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed8. (b) Name of husband Clarence C. Shives7. Birth date of deceased (mo., day, yr.) January 29, 1874

6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

72 2 2 — hrs. — min.9. Birthplace Washington Co., Maryland
(Town, county, and state)10. Usual occupation House wife11. Industry or business —12. Name Joseph Shives13. Birthplace Washington Co., Maryland14. Maiden name Any Hull15. Birthplace Washington Co., Maryland16. Informant J. Guy VantzAddress Hancock, Maryland17. Burial Date thereof March 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Rehobeth MethodistLocation Thompson Township Fulton Co., Penna.18. Funeral director Charles R. BastAddress Hancock, Maryland19. March 2, 46 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 46 at 9:50 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20 19 43 to March 1 19 46and that I last saw him alive on February 28 19 46Immediate cause of death Gangrene Rt. lower ExtremityDue to Embolus Popliteal ArteryDue to Chronic MyocarditisOther conditions Chronic Cholecystitis

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Archie Robert CohenAddress Clea Springs Md Date signed 3/2/46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU V.F.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

03038

Reg. Dist. No. 303

1. PLACE OF DEATH: Washington
 County md
 City or town Lagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution or street address where death occurred:
Washington Co Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md County Washington
 City or town RD 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Smithsburg
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

HAROLD H. WEBER

3. (b) Social Security Number

4. Sex m 5. Color or race W 6.(a) Single, married, widowed, or divorced S.

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 30, 1946 8.(c) If alive, give age 1 years

8. AGE: Years Months Days If less than one day
2 hrs. min.

9. Birthplace near Smithsburg md
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Adin Weber13. Birthplace Mangumville md14. Maiden name Ira Hege15. Birthplace Bechtel md16. Informant Adin WeberAddress Smithsburg RD 2 md17. (Burial, cremation, or removal, which?) B Date thereof Apr 2/46
 (month) (day) (year)Cemetery or crematorium ParadiseLocation near Bechtel md19. Funeral director P. E. MunnichAddress Greencastle Pa19. April 1 19 46 Chas H. Bowen
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 46, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 19 46 to March 31 19 46
 and that I last saw him alive on March 31 19 46

Immediate cause of death Prenatal
 DURATION 157

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edgar Blair

M. D. or other

Address 214 N. P. T. St. Date signed 4/1/46

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. DATE OF DEATH

March 30, 1946

Place of death: Beach 21, N.Y.

Residence: 17

RECEIVED
APR 3 1946
BUREAU V.I.

Mr. Boardman
928 Broadway

Mr. S. S. Proctor
on
214 N. Potomac

Attest: [Signature]
[Signature]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 days
Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Washington Co Hospital
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME

Stodie Swannack Winfield

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charlie Winfield

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1-18-

8. AGE: Years 65 Months 1 Days 25 If less than one day - hrs. - min.

9. Birthplace Essexfield Fred Co Ind
(Town, county, and state)

10. Usual occupation Home Keeping

11. Industry or business -

12. Name William Winner

13. Birthplace Near Essexfield

14. Maiden name Becky Harrison

15. Birthplace Near Frederick

16. Informant Charlie Winfield

Address Smithsburg. R. F. D.

17. Burial Date thereof 3-17-1946
(Burial, cremation, or removal to which?) (month) (day) (year)

Cemetery or crematory Church of God

Location Near Pleasant Valley

18. Funeral director Geo. B. Hoover

Address Smithsburg Ind

19. March 14, 1946 Registrar Black H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 March 1946, at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 March 1946 to 13 March 1946

and that I last saw him alive on 13 March 1946

Immediate cause of death Melanoma

metastatic involving

Due to liver, right lung,

adrenals

Due to -

Other conditions Supplices, cerebrospinal

(Include pregnancy within 3 months of death)

Major findings: -

Of operations -

Of autopsy as above

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE W. D. Layman, M.D.
Address 100 Professional Bldg Date signed 13 March 46
Hagerstown, Md.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

RECEIVED
MAR 16 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Dr. Yeager

327

03040

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

Hill Crest Nursing HomeHow long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 307 Summit Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Maude Adams Zeigler

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Harvey William

7. Birth date of deceased (mo., day, yr.) November 23 1859
 6.(c) If alive, give age - years

8. AGE: Years 86 Months 4 Days 4 If less than one day
hrs.min.

9. Birthplace Waynesboro Franklin Co. Pa
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Own Home12. Name John H. Adams13. Birthplace Smithsburg Md.14. Maiden name Elizabeth Stoner15. Birthplace Waynesboro Pa.16. Informant Mrs. James H. LyneAddress Hagerstown Md.

17. Burial Date thereof 3/28/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md

19. March 28 19 46 Charles H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 26 19 46, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 20 19 46 to March 26 19 46
 and that I last saw him or alive on March 26 19 46

Immediate cause of death
Cerebral hemorrhage
Spontaneous left side

DURATION

10 days

Due to arteriosclerosis

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? X X
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Potomac Md. City Hagerstown Md. Date signed 3-27-46

RECEIVED
MAR 30 1946
BUREAU OF